WAC 296-27-01113 Recording criteria for cases involving occupational hearing loss. (1) Basic requirement. You must record a hearing loss case on the OSHA Log if an employee's hearing test (audiogram) reveals that a recordable threshold shift (RTS) in one or both ears has occurred(( $\frac{1}{7}$  you must record the case on the OSHA 300 Log)).

- (2) Implementation.
- (a) ((What is a recordable threshold shift? For the period January 1, 2002, through December 31, 2002, a recordable threshold shift, or RTS, is a change in hearing threshold, relative to the most recent audiogram for that employee of an average of 25 decibels (dB) or more at 2000, 3000, and 4000 hertz in one or both ears. Effective January 1, 2003. A recordable threshold shift, or RTS, is a change in hearing threshold, relative to the most recent audiogram for that employee, of an average of 10 decibels (dB) or more at 2000, 3000, and 4000 hertz in one or both ears.
- (b) How do I determine whether an RTS has occurred? If the employee has never previously experienced a recordable hearing loss, you must compare the employee's current audiogram with that employee's baseline audiogram. If the employee has previously experienced a recordable hearing loss, you must compare the employee's current audiogram with the employee's revised baseline audiogram (the audiogram reflecting the employee's previous recordable hearing loss case).
- $\frac{(c)}{(c)}$ )) How do I evaluate the current audiogram to determine whether a recordable threshold shift has occurred?
- (i) If the employee has never previously experienced a recorded hearing loss, you must compare the employee's current audiogram with that employee's baseline audiogram. If the employee has previously experienced a recorded hearing loss, you must compare the employee's current audiogram with the employee's revised baseline audiogram (the audiogram reflecting the employee's previously recorded hearing loss case.)
  - (ii) The employee has a recordable threshold shift when:
- There is a change in the hearing threshold, relative to the baseline audiogram for that employee, of an average of 10 decibels (dB) or greater at 2000, 3000, and 4000 hertz (Hz) in one or both ears.

AND

The employee's overall hearing loss (threshold) is 25 dB or greater (averaged at 2000, 3000, and 4000 Hz) in the same ear as the change.

Note: Audiometric test results reflect the employee's overall hearing ability in comparison to audiometric zero.

TABLE F-1 - AGE CORRECTION VALUES IN DECIBELS FOR MALES

Years		Audiometric Test Frequency (Hz)					
	1000	2000	3000	4000	6000		
20 or younger	5	3	4	5	8		
21	5	3	4	5	8		

22	5	3	4	5	8
23	5	3	4	6	9
24	5	3	5	6	9
25	5	3	5	7	10
26	5	4	5	7	10
27	5	4	6	7	11
28	6	4	6	8	11
29	6	4	6	8	12
30	6	4	6	9	12
31	6	4	7	9	13
32	6	5	7	10	14
33	6	5	7	10	14
34	6	5	8	11	15
35	7	5	8	11	15
36	7	5	9	12	16
37	7	6	9	12	17
38	7	6	9	13	17
39	7	6	10	14	18
40	7	6	10	14	19
41	7	6	10	14	20
42	8	7	11	16	20
43	8	7	12	16	21
44	8	7	12	17	22
45	8	7	13	18	23
46	8	8	13	19	24
47	8	8	14	19	24
48	9	8	14	20	25
49	9	9	15	21	26
50	9	9	16	22	27
51	9	9	16	23	28
52	9	10	17	24	29
53	9	10	18	25	30
54	10	10	18	26	31

55	10	11	19	27	32
56	10	11	20	28	34
57	10	11	21	29	35
58	10	12	22	31	36
59	11	12	22	32	37
60 or older	11	13	23	33	38

TABLE F-2 - AGE CORRECTION VALUES IN DECIBELS FOR FEMALES

Years	Audiometric Test Frequency (Hz)					
	1000	2000	3000	4000	6000	
20 or younger	7	4	3	3	6	
21	7	4	4	3	6	
22	7	4	4	4	6	
23	7	5	4	4	7	
24	7	5	4	4	7	
25	8	5	4	4	7	
26	8	5	5	4	8	
27	8	5	5	5	8	
28	8	5	5	5	8	
29	8	5	5	5	9	
30	8	6	5	5	9	
31	8	6	6	5	9	
32	9	6	6	6	10	
33	9	6	6	6	10	
34	9	6	6	6	10	
35	9	6	7	7	11	
36	9	7	7	7	11	
37	9	7	7	7	12	
38	10	7	7	7	12	
39	10	7	8	8	12	
40	10	7	8	8	13	
41	10	8	8	8	13	
42	10	8	9	9	13	
43	11	8	9	9	14	

44	11	8	9	9	14
45	11	8	10	10	15
46	11	9	10	10	15
47	11	9	10	11	16
48	12	9	11	11	16
49	12	9	11	11	16
50	12	10	11	12	17
51	12	10	12	12	17
52	12	10	12	13	18
53	13	10	13	13	18
54	13	11	13	14	19
55	13	11	14	14	19
56	13	11	14	15	20
57	13	11	15	15	20
58	14	12	15	16	21
59	14	12	16	16	21
60 or older	14	12	16	17	22

 $((\frac{d}{d}))$  You may not use an age adjustment in determining whether the employee's hearing level is 25 dB or greater.

(c) Do I have to record the hearing loss if I am going to retest the employee's hearing? No, if you retest the employee's hearing within thirty days of the first test, and the retest does not confirm the RTS, you are not required to record the hearing loss case on the OSHA 300 Log. If the retest confirms the RTS, you must record the hearing loss illness within seven calendar days of the retest. If subsequent audiometric testing indicates that an RTS is not persistent, you may erase or line-out the recorded entry.

(( $\frac{\langle e \rangle}{}$ ))  $\underline{(d)}$  Are there any special rules for determining whether a hearing loss case is work-related? ((Yes, hearing loss is presumed to be work-related if the employee is exposed to noise in the workplace at an 8-hour time-weighted average of 85 dBA or greater. For hearing loss cases where the employee is not exposed to this level of noise, you must use the rules in WAC 296-27-01103 to determine if the hearing loss is work-related.)) No. You must use the rules in WAC 296-27-01103 to determine if the hearing loss is work-related. If an event or exposure in the work environment either caused or contributed to the hearing loss, or significantly aggravated a preexisting hearing loss, you must consider the case to be work-related.

 $((\frac{f}{f}))$  <u>(e)</u> If a physician or other licensed health care professional determines the hearing loss is not work-related, do I still need to record the case? No. If a physician or other licensed health care professional determines that the hearing loss is not work-related or has not been significantly aggravated by occupational noise exposure, you are not required to consider the case work-related or to record the case on the OSHA 300 Log.

(f) Effective January 1, 2004, when you enter a recordable hearing loss case on the OSHA 300 Log, you must check the 300 Log column for hearing loss.

## WAC 296-27-01117 Recording criteria for cases involving work-related musculoskeletal disorders.

Note: This section is effective January 1, ((2003)) 2004. During the period January 1, 2002, through December 31, ((2002)) 2003, you are required to record work-related injuries and illnesses involving muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs in the same manner that you would any injury or illness required by this chapter. For entry (M) on the OSHA 300 Log, you must check either the entry for "injury" or "all other illnesses."

- (1) Basic requirement. If any of your employees experiences a recordable work-related musculoskeletal disorder (MSD), you must record it on the OSHA 300 Log by checking the "musculoskeletal disorder" column.
  - (2) Implementation.
- (a) What is a "musculoskeletal disorder" or MSD? Musculoskeletal disorders (MSDs) are disorders of the muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs. MSDs do not include disorders caused by slips, trips, falls, motor vehicle accidents, or other similar accidents. Examples of MSDs include: Carpal tunnel syndrome, Rotator cuff syndrome, De Quervain's disease, Trigger finger, Tarsal tunnel syndrome, Sciatica, Epicondylitis, Tendinitis, Raynaud's phenomenon, Carpet layer's knee, Herniated spinal disc, and Low back pain.
- (b) How do I decide which musculoskeletal disorders to record? There are no special criteria for determining which musculoskeletal disorders to record. An MSD case is recorded using the same process you would use for any other injury or illness. If a musculoskeletal disorder is work-related, and is a new case, and meets one or more of the general recording criteria, you must record the musculoskeletal disorder. The following table will guide you to the appropriate section of the rule for guidance on recording MSD cases.
  - (i) Determining if the MSD is work-related. See WAC 296-27-01103.
  - (ii) Determining if the MSD is a new case. See WAC 296-27-01105.
- (iii) Determining if the MSD meets one or more of the general recording criteria:
  - ₩ Days away from work, see WAC 296-27-01107 (2)(c).
- # Restricted work or transfer to another job. See WAC 296-27-01107 (2)(d).
  - ₩ Medical treatment beyond first aid. See WAC 296-27-01107 (2)(e).
- (c) If a work-related MSD case involves only subjective symptoms like pain or tingling, do I have to record it as a musculoskeletal disorder? The symptoms of an MSD are treated the same as symptoms for any other injury or illness. If an employee has pain, tingling, burning, numbness or any other subjective symptom of an MSD, and the symptoms are work-related, and the case is a new case that meets the recording criteria, you must record the case on the OSHA 300 Log as a musculoskeletal disorder.

## AMENDATORY SECTION (Amending WSR 02-01-064, filed 12/14/01, effective 1/1/02)

WAC 296-27-01119 Forms. (1) Basic requirement. You must use OSHA 300, 300-A, and 301 forms, or equivalent forms, for recordable injuries and illnesses. The OSHA 300 form is called the Log of Work-Related Injuries and Illnesses, the 300-A is the Summary of Work-Related Injuries and Illnesses, and the OSHA 301 form is called the Injury and Illness Incident Report.

- (2) Implementation.
- (a) What do I need to do to complete the OSHA 300 Log? You must enter information about your business at the top of the OSHA 300 Log, enter a one or two line description for each recordable injury or illness, and summarize this information on the OSHA 300-A at the end of the year.
- (b) What do I need to do to complete the OSHA 301 Incident Report? You must complete an OSHA 301 Incident Report form, or an equivalent form, for each recordable injury or illness entered on the OSHA 300 Log.
- (c) How quickly must each injury or illness be recorded? You must enter each recordable injury or illness on the OSHA 300 Log and 301 Incident Report within seven calendar days of receiving information that a recordable injury or illness has occurred.
- (d) What is an equivalent form? An equivalent form is one that has the same information, is as readable and understandable, and is completed using the same instructions as the OSHA form it replaces. Many employers use an insurance form instead of the OSHA 301 Incident Report, or supplement an insurance form by adding any additional information listed on the OSHA form.
- (e) May I keep my records on a computer? Yes, if the computer can produce equivalent forms when they are needed, as described under WAC 296-27-02111 and 296-27-03103, you may keep your records using the computer system.
- (f) Are there situations where I do not put the employee's name on the forms for privacy reasons? Yes, if you have a "privacy concern case," you may not enter the employee's name on the OSHA 300 Log. Instead, enter "privacy case" in the space normally used for the employee's name. This will protect the privacy of the injured or ill employee when another employee, a former employee, or an authorized employee representative is provided access to the OSHA 300 Log under WAC 296-27-02111. You must keep a separate, confidential list of the case numbers and employee names for your privacy concern cases so you can update the cases and provide the information to the government if asked to do so.
- (g) How do I determine if an injury or illness is a privacy concern case? You must consider the following injuries or illnesses to be privacy concern cases:
- $\mbox{\#}$  An injury or illness to an intimate body part or the reproductive system;
  - ₩ An injury or illness resulting from a sexual assault;
  - ₩ Mental illnesses;
  - ## HIV infection, hepatitis, or tuberculosis;
- ₩ Needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (WAC 296-27-01109 for definitions); and
- ## Other illnesses, effective January 1, 2002, if the employee independently and voluntarily requests that his or her name not be entered on the log. Effective January 1, ((2003)) 2004, musculoskeletal disorders (MSDs) are not considered privacy concern cases.
- (h) May I classify any other types of injuries and illnesses as privacy concern cases? No, this is a complete list of all injuries and illnesses considered privacy concern cases for the purposes of this section.
- (i) If I have removed the employee's name, but still believe that the employee may be identified from the information on the forms, is there anything else that I can do to further protect the employee's privacy? Yes, if you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the OSHA 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of the injury or illness, but you do not need to include details of an intimate or private nature. For example, a sexual assault case could be described as "injury from assault," or an injury to a reproductive organ could be

described as "lower abdominal injury."

- (j) What must I do to protect employee privacy if I wish to provide access to the OSHA Forms 300 and 301 to persons other than government representatives, employees, former employees or authorized representatives? If you decide to voluntarily disclose the forms to persons other than government representatives, employees, former employees or authorized representatives (as required by WAC 296-27-02111 and 296-27-03103), you must remove or hide the employees' names and other personally identifying information, except for the following cases. You may disclose the forms with personally identifying information only:
- (i) To an auditor or consultant hired by the employer to evaluate the safety and health program;
- (ii) To the extent necessary for processing a claim for workers' compensation or other insurance benefits; or
- (iii) To a public health authority or law enforcement agency for uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required under Department of Health and Human Services Standards for Privacy of Individually Identifiable Health Information, 45 CFR 164.512.
  - (3) Falsification, failure to keep records or reports.
- (a) RCW 49.17.190(2) of the act provides that "whoever knowingly makes any false statement, representation, or certification in any application, record, report, plan, or other document filed or required to be maintained pursuant to this chapter shall, upon conviction be guilty of a gross misdemeanor and be punished by a fine of not more than ten thousand dollars, or by imprisonment for not more than six months or by both."
- (b) Failure to maintain records or file reports required by this chapter, or in the detail required by the forms and instructions issued under this chapter, may result in the issuance of citations and assessment of penalties as provided for in WAC 296-800-35002 through 296-800-35052.